



# Oregon

Kate Brown, Governor

## Department of Human Services

*Office of Developmental Disabilities Services*

*PO Box 14540, Salem, OR 97309*

*Phone: (503) 945-7800*

*Fax (503) 373-2228*

January 17, 2019



Yvette Doan, Authorized  
Representative  
Mentor Oregon  
11010 SE Division St., Suite 300  
Portland, OR 97226

Dear Ms. Doan:

Enclosed you will find the Office of Developmental Disabilities Services Notice of Imposition of Conditions on Mentor Oregon's 24 Hour Residential Endorsement.

Also enclosed is a copy of your revised certificate, reflecting the imposed conditions.

Your rights are explained in the enclosed notice. Please call me at 503-373-1992 if you have any questions.

Sincerely,

Nicole Winje  
Corrective Action Coordinator  
Office of Developmental Disabilities Services  
[Nicole.A.Winje@state.or.us](mailto:Nicole.A.Winje@state.or.us)

Enclosure: Notice of Imposition of Certificate Conditions  
Revised Certificate

CC: Matthew Clark, CLCM; Pat Allen, CLCM; Leslie Mason, Curry CDDP  
Agency File

*"Safety, health and independence for all Oregonians"*  
An Equal Opportunity Employer

Certified Mail # 7018 0680 0000 3316 2629

Date Mailed \_\_\_\_\_

Department of Human Services  
Office of Developmental Disabilities Services  
PO Box 14540  
Salem, Oregon 97309

In the Matter of:

<b>NATIONAL MENTOR SERVICES, LLC,</b>	) Notice of Imposition of
<b>dba MENTOR OREGON, 24-HOUR</b>	) Conditions on Medicaid Agency
<b>RESIDENTIAL ENDORSEMENT</b>	) Certificate and Endorsement
a Certified Medicaid Agency	

TO: Yvette Doan, Authorized Representative  
Mentor Oregon  
11010 SE Division St., Suite 300  
Portland, OR. 97226

**AUTHORITY<sup>1</sup>**

This notice is being sent to you pursuant to Oregon Revised Statutes (ORS) 443.400 through 443.455, 410.070 and 427.007 and the Oregon Administrative Rules (OAR)s that implement those statutes.

**AGENCY RESPONSIBILITY**

During the times mentioned in this Notice, Mentor Oregon (the "Agency") was certified as a Medicaid Agency with a 24 Hour Residential Services Endorsement by the Department of Human Services (the "Department"). The agency was responsible to comply with all program service rules as defined below.

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<sup>1</sup> Section titles are provided solely as a convenience and should not be construed as having any legal significance.

## STATEMENT OF VIOLATIONS

According to correspondence received from Community Living Case Management (CLCM) and incorporated into this notice by reference, alleged the following:

- An Incident Report (IR) stated that an incontinent and quadriplegic client was not being bathed on time and reported smelling "foul to the point of gagging". There was cottage like cheese build up under the client's arm pits.

The manager stated to staff that the client is supposed to get a bath every other day, however, the client only receives a bath every four days due to being short staffed and it was hard.

- CLCM went to the home to speak with staff. Staff mentioned that the client had the start of a bedsore. The Service Coordinator was contacted to confirm if there had been any notice of a bedsore, there had not been. The client had a quarter size red spot that looked like it was about to break open located on his/her bottom. CLCM also noted the lack of care and upkeep of the client's toenails, which were curling over the top of the client's toes.

CLCM requested that the client be seen immediately by the urgent care. The house had three staff in the home but none of the staff had the training to drive the client in the company van, staff had to call around to get a driver to get the client to the urgent care. This took about an hour for staff to coordinate a driver.

- Part of the IR was for another client who lives in the home as well. It was reported that the client was being ignored for a couple hours at a time and that staff would put the client in the bathroom to sit on the toilet for 20 to 30 minutes. It was reported when the client was helped off the toilet by the manager the client had a large piece of fecal matter hanging from his/her bottom. The manager stood the client up and put the client in the shower and hosed the fecal matter off while the client was stepping on the fecal matter.

## CONCLUSION OF LAW

There is reliable evidence of abuse and neglect by Mentor Oregon, as described above. Mentor Oregon has neglected the care of two residents, constituting abuse under ORS 430.735 (1)(e) and (10)(c). Further, Mentor Oregon violated the following rules of the Department: OAR 411-325-0120(2)(a)(D); 411-323-0060 (1).

## IMPOSITION OF CONDITIONS

Pursuant to OAR 411-323-0030(10)(a), (11)(b)(B)(C), (c)(H), (d), (e)(A), (f) and (g), and 411-325-0060(1)(a), (b), and (c), the Department intends to impose the following conditions on your Medicaid Agency certificate and 24 Hour Residential Services endorsement:

- **Restriction of Admissions: No admissions or transfers to Mentor Oregon 24 Hour Residential Homes in Curry County without ODDS and CDDP prior approval.**

**The condition takes effect immediately upon issuance of this notice and will remain in effect until removed by the Department. The Agency may send a written request to the Department to remove a condition if the Agency believes the situation that warranted the condition has been remedied. These conditions will be reviewed by ODDS upon the completion of the Protective Services Investigation being conducted in Curry County.**

## APPEAL RIGHTS

The Agency is entitled to a hearing as provided by ORS Chapter 183, the Administrative Procedures Act. The Agency is entitled to be represented by counsel at the hearing. If a hearing is desired, the undersigned must receive written notification of such request within **twenty-one (21)** days from the receipt of this Notice. Any request for a hearing does not delay enforcement of the condition.

In addition to, or in lieu of a hearing, the Agency may request an administrative review. The administrative review does not diminish the

## Mentor Oregon, Imposition of Conditions

### Agency's right to a hearing.

If the Agency submits a timely request for a hearing, the Agency will be notified of the time and place of the hearing. Information on the hearing process will be provided to the Agency in accordance with ORS 183.413(2).

If the Agency fails to request a hearing within the time allowed, requests a hearing and later withdraws the hearing request, requests a hearing and fails to appear at the time and place set for the hearing, or notifies the Department the Agency will not appear at the hearing and the Department has not rescheduled the hearing, the Agency will be in default. If the Agency is in default, the Department will not hold a hearing and the record of the proceeding to date (including the information in the Department's file or files on the subject of the contested case) will automatically become part of the contested case records for the purpose of making a *prima facie* case and the Department may issue a final order by default.

### CONTACT PERSON

Questions concerning this imposition of conditions should be directed to:

Nicole Winje, Corrective Action Coordinator  
Department of Human Services  
Office of Developmental Disabilities Services  
PO Box 14540  
Salem, OR 97309  
503-373-1992  
Nicole.A.Winje@state.or.us



Barbara Southard, Manager  
DD Licensing Unit  
Office of Developmental Disabilities Services

Jan 17, 2015  
Date

NOTE TO MILITARY PERSONNEL: Active duty service members have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For more information, you may contact the Oregon State Bar (800-452-8260), Oregon Military Department (800-452-7500), or the nearest legal assistance office, <http://legalassistance.law.af.mil>



Oregon Department of Human Services  
Office of Developmental Disabilities Services

***Agency Certificate***  
***Developmental Disability Services***

This certificate signifies that:

**National Mentor Services, LLC Dba Mentor Oregon**  
**DZ0112**

Is in substantial compliance with OAR chapter 411, division 323, and is  
hereby granted the following endorsements to provide services:

**Supported Living Services**

OAR 411-328-0550 through 411-328-0830

**Employment Services**

OAR 411-345-0010 through 411-345-0280

**Community Living Supports**

OAR 411-450-0010 through 411-450-0100

**Professional Behavior Supports**

OAR 411-304-0110 through 411-304-0210

**24 Hour Residential Services**

OAR 411-325-0010 through 411-325-0440

*\*Each 24 Hour site will be individually licensed.*

Pursuant to OAR 411-323-0030(10)(a), (11)(b)(B)(C), (c)(H), (d), (e)(A), (f) and (g), and 411-325-0060(1)(a), (b), and (c), the Department intends to impose the following conditions on your Medicaid Agency certificate and 24 Hour Residential Services endorsement:

**Restriction of Admissions: No admissions or transfers to Mentor Oregon 24 Hour Residential Homes in Curry County without ODDS and CDDP prior approval.**

Effective Date: June 30, 2018      Expiration Date: June 30, 2020

*This Certificate is non-transferable.*

